

covered. Testing was done in fifty counties. To date, more than 300,000 have been tested in school surveys conducted in this state.

Also familiar to physicians are the medical meetings and consultative clinics on tuberculosis which the California Tuberculosis Association has arranged in all parts of the state upon the invitation of local county medical societies. Physicians and chest specialists have now conducted consultative clinics in all but three counties in the state.

As the value of school surveys, follow-up programs and consultative clinics has been demonstrated, the tuberculosis associations in California are turning to the medical profession for advice in another phase of the tuberculosis control problem—that of adult health education and case finding.

Domestic help is not an infrequent source of infection of children. The fact that cooks and waiters show the third highest rate of mortality from tuberculosis of all employed groups is occasion for serious thought. Industrial workers represent a large segment of our population which needs to know about tuberculosis prevention and control. Examinations among these groups will apparently reveal a much higher proportion of active cases than have been brought to light in the schools.

Recently compiled statistics show us that while tuberculosis is a greater danger to the young woman than the young man between the ages of 15 and 30 years, it is of greater danger to young men after thirty. It is after thirty that heavy demands are made upon the man's physical reserve. As the provider for the family, his efforts are expended upon holding his job. The demands of his work, continued physical and mental strain, combined with the fact that he too often is unwilling or unable to keep in optimum physical condition, tend to decrease his power of resistance to disease. At this time of life he fails to heed the subtle signs of approaching illness.

These facts point to the importance of an intensive industrial program designed both to disseminate health education and to induce many industrial workers to be examined by their family physicians. Plans are now being made by tuberculosis associations in California for the 1940 Early Diagnosis Campaign which will place emphasis upon adults and stress as its theme, "The X-ray Reveals Tuberculosis Before Symptoms Appear." For this campaign, which is held every spring, intensive medical and educational programs are prepared.

The success of the annual campaign in California is due to the full and generous coöperation of the medical profession. Not only do local physicians in all parts of the state take an active part in planning the programs of local associations, but they are untiring in the services which they perform in carrying out these programs.

As the emphasis of the voluntary tuberculosis program supported by the annual sale of Christmas Seals turns to the problem among adults, the initiative of the family physician becomes increasingly more important. Because the physician is already taking a leading rôle in the definition and administration of such adult programs, we may look with confidence for a continued reduction in the tuberculosis death rate.

Subject: Epilepsy reportable: Definition.

STATE OF CALIFORNIA
BOARD OF PUBLIC HEALTH
SACRAMENTO

San Francisco, November 3, 1939.

To the Editor:—At its regular meeting held October 7, 1939, the California State Board of Public Health defined "epilepsy" by regulation as follows:

"Any condition which brings about momentary lapses of consciousness, and which may become chronic, shall be considered reportable under the term 'epilepsy.'"

The California Legislature of 1939 made epilepsy a reportable disease in California, and physicians are now required to report cases to the local health officers, who will, in turn, report to the California State Department of Public Health.

That department will advise the State Department of Motor Vehicles of cases reported in individuals whose age entitles them to receive licenses to drive automobiles. Such licenses may not be issued to individuals whose physical condition might lead to traffic accidents, and it is anticipated that the official reporting of epilepsy will lead to effective results in making state highways more safe.

313 State Building.

Very truly yours,

W. M. DICKIE, *Executive Officer.*

Subject: Prevention of traffic accidents.

(COPY)

CALIFORNIA SAFETY COUNCIL, INC.

"A Statewide Citizens' Traffic Accident Prevention Agency"

November 1, 1939.

To the Editor:—California is faced with one of the worst accident records in its history as 1939 draws to a close.

To help combat careless and indifferent driving and walking, and to stem the tide of traffic casualties in so far as we can, we have made arrangements with Foster and Kleiser for the posting of a series of billboards throughout the state, directing attention to some of the fundamentals of safe driving.

The space is to be donated by Foster and Kleiser as their contribution to public safety. . . .

1 Drumm Street, San Francisco.
610 South Main Street, Los Angeles.

Sincerely yours,

FRED D. PARR, *President.*

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(COPY)

**SAFER DRIVING: WAYS IN WHICH ALL MOTORISTS
MAY HELP**

"The problem of accident prevention may be likened to that involved in an epidemic which can be controlled, not only by a strictly scientific approach by well-qualified physicians and many other medical specialists and sanitary engineers, but also by the willing coöperation of the vast majority of our citizens—in our case by drivers and pedestrians."

So said George E. Coleman, Director, the other day in announcing the appointment by the California Safety Council of a special committee to seek greater safety in motoring.

He pointed out that the great majority of the public is fully competent to take to itself any new conditions or restrictions in driving now on the statute books, or to be placed there.

There are, however, after making due allowance for those willing and anxious to coöperate in safety measures, about "10 per cent of drivers who, because of low-grade intelligence or other anomalies, are not amenable to education"; and these, "if we continue to allow them to drive, must remain a menace on our highways."

The new committee plans to accumulate more data concerning the rôle played by physical disabilities, such as impaired eyesight, nervous, mental, circulatory and other disorders, as well as the age factor.

It is urged by Mr. Coleman that licenses should be issued at least once a year, and perhaps oftener.

Faulty hearing, he says, is not a handicap like faulty eyesight, as deaf-mutes "have proved themselves nearest perfect in all Pennsylvania's thousands of motorists, according to statistics compiled by the Keystone Automobile Club."

The Committee will further inquire into the issuance of licenses, correlation of accident records, effect of the practice of recording law infractions or accident records on the back of drivers' licenses, and various other conditions.

The Committee has a big job cut out for itself, and its report when made will demand attention by all interested.

(COPY)

WALK WITH CARE, SAFETY COUNCIL URGES; PEDESTRIAN DANGER TOLD

Most persons killed or injured in traffic accidents in cities are pedestrians, and most of these accidents occur after dark, according to the California Traffic Safety Council which is aggressively conducting a campaign to advise pedestrians and motorists to cooperate in avoiding such accidents.

The Safety Council points out that in some metropolitan areas 79 per cent of the pedestrians involved are killed at night. The Safety Council suggests that pedestrians can avoid accidents by obeying a few simple rules, as follows:

1. Watch for the lights of an automobile and wait until the car passes. It is easier for the pedestrian to see the automobile lights than it is for the motorist to see the pedestrian—especially when turning around corners.

2. Strictly obey the traffic signals—day or night—and do not jaywalk. Most pedestrian accidents of the more serious character occur out in the residential districts, where the average automobile speed is higher than downtown.

3. Wear something white. It is easier for a motorist to see white at night. Most pedestrian victims, according to police and coroner's reports, are dressed in dark clothes.

The California Safety Council is assisting local groups in reducing pedestrian hazards, according to Fred D. Parr, President of the Council. Children and aged people are vulnerable, he added.

Subject: National Society for the Prevention of Blindness, Inc.

The National Society for the Prevention of Blindness, Inc. (Incorporated in the State of New York), is rendering a service throughout the United States. It is a membership and nonprofit health organization, supported by voluntary contributions, membership dues, legacies and bequests; it receives no federal, state, or city aid, nor grants from any Community Chests. It is endorsed by the National Information Bureau, Inc., 215 Fourth Avenue, New York, N. Y., and is a member of the National Health Council, 50 West Fiftieth Street, New York, N. Y.

This corporation is concerned with the control, and, where possible, the elimination of the causes of blindness, impaired vision, and eyestrain—not with the activities on behalf of those already blind. In this respect it operates in a field peculiarly its own and performs a much needed service to society. Particular attention is given to:

1. Coöperating with the medical profession in devising measures and instituting procedures for the conservation of vision and the reduction of blindness.

2. Collaborating with those in industry who are striving to reduce eye injuries and eyestrain.

3. Assisting nurses to become increasingly aware of their opportunities for conserving sight; and of the relationship between eye health and general health.

4. Demonstrating the value of trained medical social workers in eye hospitals and clinics and helping such workers to secure specialized training.

5. Coöperating with educational authorities in:

- (a) Conserving the vision of school and college students.

- (b) Establishing sight-saving classes for children whose vision is so defective that they cannot profitably use ordinary school equipment.

- (c) Providing specialized training for teachers of sight-saving classes.

- (d) Helping student-teachers secure better preparation for meeting the eye health problems of school children.

6. Stressing the value of properly caring for the eyes of preschool children, and demonstrating an approved method of testing their vision in order to discover those who will benefit from early treatment.

7. Furthering the universal use of preventive measures before and at birth to protect babies' eyes from infection.

8. Encouraging adequate prenatal care for every expectant mother, including a blood test and treatment when necessary as the means of preventing blindness from prenatal syphilis.

9. Furnishing information regarding the relationship between the conservation of vision and numerous environmental factors including: quality and intensity of illumination, size and style of type, quality of paper, etc.

10. Stimulating further investigation and study of the causes of blindness and impaired vision.

11. Counselling governmental and voluntary agencies working for the conservation of vision.

12. Serving as a clearing-house on all matters pertaining to the prevention of blindness and the conservation of vision; providing the public with information concerning the care and use of the eyes.

The nature of the Society's work is such that its public usefulness can be materially enhanced by any increase in its resources. There are numerous fields in which it could be of great public benefit, but from which the Society is now precluded, or in which its activity is limited, for lack of sufficient funds.

Inquiries for further information welcomed.

50 West Fiftieth Street, New York.

Subject: Nomenclature of disease: Re poliomyelitis.

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

November 22, 1939.

To the Editor:—For your information, I am attaching hereto a copy of a letter addressed to Dr. W. C. Dickie, Director, State Department of Public Health, regarding reporting of virus diseases.

101 Grove Street.

Sincerely,

J. C. GEIGER, M. D., *Director.*

(COPY)

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

November 17, 1939.

My dear Doctor Dickie:

The diagnosis of virus diseases has brought forth a considerable amount of confusion as to clinical entity, with the result that many statistical errors must have been recorded. This is particularly true in respect to the disease acute anterior poliomyelitis. This disease today is not infrequently confused with some type of acute encephalitis and at other times with encephalomyelitis, or with chorionmeningitis. Careful clinicians in this city have at times found it necessary to change the original diagnosis as first reported to the San Francisco Department of Public Health due to subsequent laboratory evidence. For virus disease investigation, several weeks are often needed.

After conference with the San Francisco Department of Public Health Committee on Poliomyelitis, it was agreed that a new policy should be adopted relative to the diagnosis and reporting of virus diseases.

Acute cases showing no muscular weakness or paralysis in the group which might be labeled poliomyelitis, should be tentatively diagnosed acute neurotropic virus disease. These cases should be thoroughly studied, especially re-